PHARMACARE NEWSLETTER

December 19, 2001
01-16 *Web site:* http://www.healthservices.gov.bc.ca/pharme/newsletter/index.html

PLEASE CIRCULATE AMONG DISPENSING STAFF

Clarification of Maximum Per Prescription Payment Amount for Plan A (Seniors)

As recently announced, effective January 1st, 2002, Plan A (Seniors) will be required to pay a portion of each prescription.

Please note that the maximum amount per prescription ($25 for regular Plan A Seniors and $10 for Plan A Seniors receiving MSP Premium assistance) applies only to **eligible** drug costs and to the maximum allowable dispensing fee. This co-payment applies to all Pharmacare benefits including non-pharmaceutical supplies.

As has always been the case, payments for drug costs in excess of the amounts eligible for Pharmacare coverage and dispensing fees in excess of the maximum fee recognized by Pharmacare must be made by the patient.

Please also be aware that **only** the portion paid by the patient towards eligible drug costs and eligible dispensing fees will accumulate towards the patient's maximum payable amount.

Special Authority Criteria on Website

Pharmacare is very pleased to announce a new section on our website that provides information on the drugs covered under the Special Authority process. From the Pharmacare home page at http://www.healthservices.gov.bc.ca/pharme/index.html click on the Special Authority Criteria link in the left hand column under Contents. Individual drug names will be found under the appropriate program headings. General information regarding each program is provided followed by the specific drug listing. Click on the name of the drug to obtain the specific criteria information. Some special notes are included regarding other strengths and formulations and to assist in completing Special Authority requests. Links to the appropriate forms are provided.

If you have some suggestions to improve this website, please complete a feedback form from the link at the bottom of each page. Thank you.

Pharmacare Policy Reminder - Needles

Pharmacare provides coverage for needles and syringes for insulin-dependent diabetic patients ONLY. This information can be found in the Policy and Procedures Manual in section 10.6.1.

A review of the year 2000 needle prescriptions shows that 414 pharmacies put through prescription costs to Pharmacare for needles relating to patients that are not insulin-dependent.

Claims for needles and syringes for non-insulin therapy (e.g. heparin, gravol injection) should be entered on PharmaNet using PIN #66123227 (Pharmacare non-benefit for non-drug medical supplies).

Retrospective reviews that reveal claims for needles and syringes for non-insulin users will be subject to recovery.

Testosterone Injectable DIN 00029246

This DIN was inadvertently omitted from the testosterone DIN list provided previously for the delisting changes effective November 19, 2001. As of this date, there will be no benefit coverage for these products. Please note for future reference.

BLOOD GLUCOSE TEST STRIPS

The following new blood glucose strips have been assigned PINs as indicated below for individuals who have a valid Blood Glucose Training Certificate:

DIN	MAN	DRUG NAME
44123027	MED	Sof-tact blood glucose test strip

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BENEFITS

The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F:

DIN	MAN	DRUG NAME	Short Term	Long Term	Palliative Care Eligible
2243450	PMS	PMS-Deferoxamine (deferoxamine mesylate) vial 2g		Y	
2242919	STI	Rosasol cream (metronidazole) cream 1%		Y	Y
2242656	KNR	Alti-Cefuroxime (cefuroxime axetil) tabs 250mg	Y		Y
2242657	KNR	Alti-Cefuroxime (cefuroxime axetil) tabs 500mg	Y		Y
2243588	GPM	Gen-Nitro (nitroglycerin) spray 0.4mg dose		Y	Y
2223716	PFI	Zithromax - PWS (azithromycin) susp.recon 100mg 5ml	Y		Y
2223724	PFI	Zithromax - PWS (azithromycin) susp.recon 200mg 5ml	Y		Y
2212021	PFI	Zithromax tabs 250mg	Y		Y

NON BENEFITS

Pharmacare's Drug Benefit Committee recently completed the review of the following products and recommended that these products not be added as benefits under the program:

DIN	MAN	DRUG NAME
2243790	BJH	Hectorol® (doxercalciferol) caps 2.5mcg
2242531	PFI	FemHRT® 1/5 tabs
2243182	BMY	Tequin® (gatifloxacin) tabs 400mg
2108119	NOP	Cefazolin for injection (cefazolin sodium) vial 500mg
2108127	NOP	Cefazolin for injection (cefazolin sodium) vial 1g
2108135	NOP	Cefazolin for injection (cefazolin sodium) vial 10g

Hectorol® (doxercalciferol) caps

- Products indicated for use in renal dialysis patients fall under the mandate of British Columbia's Provincial Renal Agency and as such are considered for funding through that Agency.

Cefazolin for injection (cefazolin sodium)

- Home IV therapy falls under the jurisdiction of the regional Health Authorities and not under the mandate of the Pharmacare program.

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LCA UPDATES

Due to product unavailability or discontinuation, the following categories have been removed from the current LCA program:

Amoxicillin Tab 125mg
Amoxicillin Tab 250mg
Conjugated Estrogens Tab 2.5mg
Fluphenazine Tab 1mg
Imipramine Tab 10mg
Methyldopa Plus Tab 250/15mg
Methyldopa Plus Tab 250/25mg
Metoclopramide Inj 5mg/ml
Ofloxacin Tab 200mg
Oxazepam Tab 10mg
Oxazepam Tab 30mg
Oxtriphylline Syr 10mg/ml
Penicillin V Tab 250mg
Sulfacetamide Oph Ont 10%
Trihexyphenidyl Tab 2mg
Trihexyphenidyl Tab 5mg
Thioridazine Tab 10mg
Thioridazine Tab 25mg
Thioridazine Tab 50mg
Thioridazine Tab 100mg

Due to product discontinuations, please note the following status changes:

Status Change from "P" (PARTIAL) to "F" (FULL)

DIN	MAN	BRAND NAME
287873	WLK	Colchicine (colchicine) tabs 0.6mg
603287	APX	Apo Ampi (ampicillin trihydrate) liq 250mg/5ml
521698	APX	Apo Flurazepam HCl (flurazepam HCl) caps 15mg
441651	APX	Apo Ibuprofen (ibuprofen) tabs 300mg
545015	APX	Apo Acetazolamide (acetazolamide) tabs 250mg
2239954	NOP	Novo-Fluvoxamine

NEW PRODUCTS CATEGORIZED to LCA and/or RDP

The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits on Plans A, B, C, E & F:

DIN	MAN	DRUG NAME	FULL/ PARTIAL	LCA/RDP Price	Short Term	Long Term
2240248	KNR	Alti-Timolol maleate (timolol maleate) drops 0.25%	P	7.75/5ml		Y
2240249	KNR	Alti-Timolol maleate (timolol maleate) drops 0.5%	P	15.50/10ml		Y
2243229	RXP	Rhoxal-Ranitidine (ranitidine HCl) tabs 150mg	P	0.4061		Y
2243230	RXP	Rhoxal-Ranitidine (ranitidine HCl) tabs 300mg	P	0.7972		Y
2244527	PMS	PMS Doxazosin 1mg	P	0.3941		Y
2244528	PMS	PMS Doxazosin 2mg	P	0.4734		Y
2244529	PMS	PMS Doxazosin 4mg	P	0.6184		Y
2243836	RXP	Rhoxal-Amiodarone (amiodarone HCl) tabs 200mg	P	1.3492		Y

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LIMITED COVERAGE DRUGS

Special Authority Only (criteria follow)

DIN	MAN	DRUG NAME	Short Term	Long Term
2238704	SCH	Estrogel® (estradiol)		Y

Estrogel® (estradiol)

for patients who are experiencing menopausal and postmenopausal symptoms and who either have:

- extreme intolerance to oral estrogen preparations at the minimum dose required to control symptoms
  or
- who have a diagnosis of severe liver disease

DRUGS UNDER REVIEW

The following drug submissions are currently under review by the Drug Benefit Committee of Pharmacare:

alendronate (FOSAMAX®), resubmission
ancestim (STEMGEN®)
bisoprolol (MONOCOR®), resubmission
botulinium toxin (BOTOX®), new indication
entacapone (COMTAN®)
eprosartan (TEVETEN®), resubmission
esomeprazole magnesium trihydrate (NEXIUM®)
etanercept (ENBREL®)
filgrastim (NEUPOGEN®), new indication
fusidic acid 1% (FUCITHALMIC®)
galantamine hydrobromide (REMINYL®)
levonorgestrel releasing intrauterine system (MIRENA®)
linezolid (ZYVOXAM®)
mirtazapine (REMERON®)
mometasone furoate (AZMAX Twisthaler®)
olanzapine (ZYPREXA®), resubmission
oseltamivir (TAMIFLU®), resubmission
peginterferon alfa-2b (PEG-INTRON®)
pioglitazone (ACTOS®), resubmission
risedronate (ACTONEL®), new indication
rivastigmine (EXELON®), resubmission
salmon calcitonin nasal spray (MIACALCIN®), resubmission
tacrolimus ointment 0.03% & 0.1% ointment (PROTOPIC®)
testosterone (ANDRODERM®)

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Revised list of vitamins and nutritional supplements for Cystic Fibrosis

Effective **November 12, 2001**, Pharmacare has revised the benefit list of vitamins and nutritional supplements for Cystic Fibrosis, as follows, with new items indicated in **bold** type:

VITAMINS	
Adek Cap Tab	55123387
Adek Dps	55123557
Calcium 500mg	55123430
Calcium Liquid	55123624
Carnitine	55123491
Centrum	55123510
Centrum Forte	55123521
Ferrous Gluconate	55123442
Ferrous Sulphate	55123570
Magnesium	55123454
Multivamins Minerals	55123375
Multivitamin Liq Dps	55123600
Multivitamins	55123363
Multivitamins – Chewable	55123569
Paramettes	55123533
Paramettes Complete	55123545
Selenium	55123466
Selenium Liq	55123612
Taurine	55123480
Vit E 100	55123399
Vit E 200	55123405
Vit E 400	55123417
Vit E Dps	55123594
Vit K	55123429
Zinc 10mg	55123478
Zinc 50mg	55123582

SUPPLEMENTS	
Boost with Fibre	**55123100**
Boost Liquid	55123120
Boost Plus Liq	55123132
Ensure Fruitango	**55123101**
Ensure High Protein	**55123102**
Ensure Liq	55123144
Ensure Plus Liq	55123156

SUPPLEMENTS, continued	
Nubasics	**55123103**
Nutren 1.0 Liq	55123314
Nutren 1.0 Liquid With Fibre	**55123105**
Nutren 1.5 Liq	55123326
Nutren 2.0 Liq	55123338
Nutren Junior	**55123104**
Nutrisource HN Liq	55123235
Nutrisource Liq	55123223
Osmolite HN	**55123106**
Osmolite HN Plus	**55123107**
Pediasure Liq	55123170
Peptamen 1.5	**55123108**
Peptamen Jr Liq	55123351
Peptamen Liq	55123340
Periative	**55123109**
Pregestimil Pwr	55123119
Pulmocare Liq	55123181
Resource 2.0	**55123110**
Resource Fruit Beverage	**55123111**
Resource Just For Kids	**55123112**
Resource Liq	55123247
Resource Plus Liq	55123259
Scandipharm Shakes	55123508
Subdue	**55123113**
Tolerex Pwr	55123260
Vital HN Pwr	55123193
Vivonex Pediatric Pwr	55123302
Vivonex Plus Pwr	55123284
Vivonex Ten Pwr	55123296

The following products are no longer available and are therefore being removed from the benefit list on November 1, 2001:

Essentials Liq	55123168
Citrisource Liq	55123200
Meritene Pwr	55123211